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Connecticut Society of Eye Physicians
Connecticut ENT Society
Connecticut Urology Society
The Connecticut Dermatology and Dermatologic Surgery Society
Connecticut State Medical Society

Testimony on
House Bill 6588
An Act Concerning the Expiration of Certain Health Care Provider Contracts
Public Health Committee
March 20, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 8,500 physicians and physicians in training of the organizations listed above we are here today to provide this testimony on House Bill 6588, an Act Concerning the Expiration of Certain Health Care Provider Contracts.

The language in this bill addresses the situation where a contract between a physician-hospital organization (PHO) and an insurer is set to expire. Section (c) of this Bill would require that the PHO obtain a certification or an accreditation from one of two recognized standard-setting entities, that in the event of such contract expiration, the provider network will remain consistent with such entities' standards.

CSMS has continually supported and pressed for more stringent network adequacy standards in Connecticut, especially when looking at mental and behavioral health services and medical and subspecialty care access. However, to require that physician-based organizations assume the burden for obtaining such certification or accreditation presents an impossible requirement, as such physician organizations do not have necessary or sufficient information or resources to undertake such a task. The insurers, not PHO's are the entities best positioned to know what physician-based organizations are currently in their participating network and, in the event of a contract expiration, whether there would be sufficient network adequacy under state statute, this critical provider piece, along with the real time statistical data regarding covered lives under the network fluctuates making an accurate evaluation by a PHO impossible. In summary, physician-based organizations simply do not have **the necessary network participation information or any way of validating network physicians**. As such, we must strongly oppose Section(c) of this Bill because it unnecessarily puts the onus on physician organizations that do not know the specifics of the respective insurers' networks, and by passing HB6588 Connecticut will create a mandate which will be a disservice to the community

CSMS firmly believes that insurers must have adequate physician networks that cover all specialties, sub-specialties, and primary care. We would ask that the language of this Section

(c) be amended to require that the *insurer* obtain such a certification or accreditation that an adequate network will exist for every plan and product in the event of a contract expiration, and that such finding be reported to the Insurance Commissioner.

Thank you for the opportunity to present this testimony today.